JOHN W. OXENDINE
OFFICE OF COMMISSIONER OF INSURANCE

STATE OF GEORGIA
ATLANTA, GEORGIA

ANNUAL REPORT INFORMATION FOR UTILIZATION REVIEW ACTIVITIES FOR THE YEAR ENDED _____

(Typewritten Only)

If you are an individual with a disability and wish to acquire this application in an alternative format, please contact the ADA Coordinator at the Georgia Insurance Department, 2 Martin Luther King Jr. Drive, Atlanta, Georgia 30334 (404) 656-2056 / TDD (404) 656-4031

This information is necessary for the annual report which is required under O.C.G.A. Section 33-46-14 to assess utilization review operations and the extent to which these practices actually affect patients in Georgia. This form is distributed to each private review agent. The information obtained will be summarized providing an overall picture of the "State of Utilization Review in Georgia."

Background Information

1. Legal name and address of private review agent:

   _____

   _____

   _____

2. Telephone number:(____)_____ Fax number: (____)_____

3. Name, title and phone number of designated contact person responsible for this information:

   _____

4. Indicate the year in which your organization was established: _____

   Indicate the year in which your organization began operations in Georgia: _____

5. Is your organization independently owned or is it a subsidiary of or owned by another organization?

   Independently owned _____
   (SKIP TO NEXT SECTION)

   A subsidiary of or owned by another organization _____

6. Does the parent organization or any of its subsidiaries provide direct patient care?
   yes _____ no _____

7. Is the parent organization or any of its subsidiaries a health insurer?
   yes _____ no _____

8. Has the parent organization or any of its subsidiaries ever purchased any of your utilization review services?
yes _____ no _____

Services Performed

1. Indicate the estimated percentage distribution of clinical services reviewed:

Review	Total	Inpatient Review	Outpatient Review
Medical	%	%	%
Surgical	%	%	%
Chiropractic	%	%	%
Maternity	%	%	%
Chemical dependency/Substance abuse	%	%	%
Mental Health	%	%	%
Other	%	%	%

2. Indicate the total acute care hospital admissions reviewed:_____

3. Indicate the percent of proposed admissions diverted for outpatient care:_____

4. Indicate the volume of reviews annually performed:

prospective (precertification) _____

concurrent (continued stay) _____

retrospective _____

other _____

5. Indicate the total number of Georgia lives covered for each entity for whom the private review agent performs utilization review services:

	Entity	# Georgia lives covered
a.	Employers	_____
b.	Payors (Insurers)	_____
c.	Claim administrators	_____
d.	Others	_____

6. Indicate if your organization performs the following types of review and the percentage performed telephonically and/or on-site:

			Telephonic	On site
Prospective Review	yes	no	_____ %	_____%
Concurrent Stay Review	yes	no	_____ %	_____%
Discharge Planning	yes	no	_____ %	_____%
Case Management	yes	no	_____ %	_____%

7. How many reviews does your organization conduct on average, per episode of care?

prospective _____

concurrent _____

retrospective _____

other _____

Utilization Review Staff

1. Personnel who conduct reviews. (A) For each type, please indicate if, at any phase of the utilization review process, any of that staff type made decisions about the necessity or the appropriateness of requested medical or surgical care for your organization for the preceding calendar year. (B) If "yes," please enter the total number of staff of each type that made these decisions, and the number of staff that were full-time employees of your organization, part-time employees of your organization who worked **on** the premises of your organization, part-time employees of your organization who worked **off** the premises of your organization, and consultants/advisors to your organization. (IF NONE, ENTER "0")

	(A) For the preceding calendar year, did staff make necessity/ appropriateness decisions? (CHECK ONE)			(B) For each type of staff who made necessity or appropriateness decisions, please enter the number of... (ENTER A NUMBER FOR EACH)			
	No	yes ☞	Employees in total	Full-time employees	Part-time employees **on** premises	Part-time employees **off** premises	Consultants/advisors to organization
Physicians							
Registered Nurses							
Licensed Practical Nurses							
Accredited Records Technicians (ART)							
Registered Records Administrators (RRA)							
PhD's							
Medical Social Workers (MSW)							
Other licensed (please specify)							
Non-licensed (please specify)							

2. List the board specialties (as recognized by the American Board of Medical Specialists) for the number of staff physicians and the number of consultants/advisors for the organization. (i.e. Family Practice, Internal Medicine, Pediatrics, etc.) Also, indicate the same for staff recognized by the Advisory Board of Osteopathic Specialist.

Board Specialty	**# of staff physicians**	**# of consultants/advisors**

Utilization Review and Appeals

1. CASE MANAGEMENT

   a. During the preceding calendar year, did your organization review any catastrophic medical or surgical cases to determine the need for case management services; that is, determine the need for coordinated care for patients requiring expensive or extended care?

   yes _____ no _____
   (SKIP TO QUESTION 2)

   b. How many cases did you screen for case-management? _____

   c. How many of these cases were recommended for case-management?
   _____

   d. How many were ultimately case-managed? _____

2. Please list the top five surgeries or procedures that your organization most often did not authorize during the preceding calendar year because of unsubstantiated medical need.
   _____
   _____
   _____
   _____
   _____
   _____
   _____

3. Indicate the number and outcome by clinical service (i.e. medical, surgical, maternity, etc.) of each appeal as addressed in Rule 120-2-58-.05, entitled "Requirements for Utilization Review", paragraph (6)(b).
   _____
   _____
   _____
   _____
   _____

4. The average number of days required to complete each level of appeal:
   _____

ACKNOWLEDGEMENT

The Office of Commissioner of Insurance expresses its gratitude and appreciation to the United States General Accounting Office for granting permission to use some material from their study entitled "Information on Utilization Review Organizations." GAO/HRD-93-22FS.